

CIVIL CASE COVER SHEET

Check one: ☐ CHANCERY COURT ☐ CIRCUIT COURT Docket NO. _____

Date _____ Attorney of Record _____
I. Origin ☐ Original Proceeding ☐ Case Reopened ☐ Counter-claim ☐ Cross-claim ☐ 3rd Party Claim ☐ Intervening Claim
☐ Answer/Initial Responsive Pleading ☐ Other (Specify) _____

II. Type of Action (Check one)

Domestic Relations

☐ 361 Paternity ☐ 362 Legitimation ☐ 363 Adoption ☐ 364 Surrender
☐ 371 Divorce with minor children ☐ 372 Divorce without minor children ☐ 381 Order of Protection ☐ 391 Interstate Support-Incoming
☐ 392 Interstate Support-Outgoing
☐ 401 Other Domestic Relations (Specify) _____

General Civil

☐ 461 Contract/Debt ☐ 462 Specific Performance ☐ 471 Damages/Torts ☐ 481 Real Estate Matter
☐ 491 Workers Compensation ☐ 501 Probate ☐ 511 Juvenile Court Appeal ☐ 512 General Sessions Appeal
☐ 513 Appeal from Admin. Hearing ☐ 571 Conservatorship ☐ 572 Guardianship ☐ 573 Trust
☐ 581 Miscellaneous General Civil (Specify) _____

Other

☐ 541 Judicial Hospitalization

Petition for: (Reopened Cases)

☐ 381 Order of Protection ☐ 382 Contempt ☐ 383 Residential Parenting/No Child Support
☐ 384 Residential Parenting/Child Support ☐ 385 Child Support ☐ 387 Wage Assignment Hearing
☐ 551 Other _____

III. Total amount sued for \$ _____ Specific type of damages or relief sought _____
Statutory authority for suit, if any _____

IV. Check one: ☐ Affidavit to proceed *in forma pauperis* ☐ Cost Bond Surety _____

V. JURY DEMAND (Check YES only if demanded in complaint) ☐ YES ☐ NO

VI. RELATED CASES (if any) Docket NO. _____ Judge _____
Date filed _____ Status _____

VII. PLAINTIFF/PETITIONER INFORMATION (List additional parties on supplemental form.)

I. Name _____
Last First Middle
☐ AKA ☐ DBA ☐ BNF _____
S.S.# _____ DOB _____ Driver's License # _____

COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

ATTORNEY _____ BPR # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

VIII. DEFENDANT/RESPONDENT INFORMATION (List additional parties on supplemental form.)

I. Name _____
Last First Middle
☐ AKA ☐ DBA ☐ BNF _____
S.S.# _____ DOB _____ Driver's License # _____

COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

ATTORNEY _____ BPR # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

TYPE OF SERVICE REQUIRED

☐ Out of County Sheriff ☐ Publication (specify) _____
☐ Local Sheriff ☐ Other (specify) _____
☐ Secretary of State Special Instructions _____
☐ Comm. Of Ins. _____

IX. ASSOCIATED PARTY (Uninsured Motorist Carrier) INFORMATION

I. Name _____ Address _____
Type of Service (specify) _____
Are additional plaintiffs or defendants listed on a separate sheet? ☐ YES ☐ NO